

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	6/30
O.I.P.E. CLASSIFIER		15	77
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		6/1/05	8-2800

# INDEX OF CLAIMS

✓ ..... Rejected  
 II ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	01/03	
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7	✓		
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18	✓		
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24	✓		
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27	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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